

Every Body Yoga Registration Form



Name: _____

Children: _____
(Not required unless you are registering for a children's workshop; please give names and ages.)

Address: _____

Day phone: _____ Evening phone: _____

Email: _____

Class day: _____ Time: _____

Amount: _____

By registering for this class, I agree to adhere to the Every Body Yoga policies. I have reviewed said policies and agree to them.

I recognize the risks of illness and injury in any exercise/physical fitness or education program and am participating in a class at Every Body Yoga upon the express agreement and understanding that I am here by waiving and releasing Every Body Yoga, its owners, teachers and agents from any and all claims, costs, liabilities, expense or judgment, including attorney's fees and court costs (herein collectively "claims") arising out of my participating in the aforesaid course/activity or any illness, injury or death resulting there from and hereby agree to indemnify and hold harmless Every Body Yoga from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of Every Body Yoga.

Name: _____ Date: _____

Mail this page with your check to:
Every Body Yoga, 205 E. Water St., Suite C, Centreville MD 21617

Note: Registration for two or more classes per week in the same session entitles you to a 10% discount. Discount does not apply to special workshops.